## United States District Court Western District of Louisiana ELECTRONIC CASE FILING SYSTEM Attorney/Participant Registration Form

This form shall be used to register for an account on the Western District of Louisiana's Electronic Filing System. Registered attorneys and other participants will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents as available for cases assigned to the Electronic Filing systems. The following information is required for registration:

## Please Type

st/Middle/Last Name:	
st four digits of Social Security Number:	
orney Bar # and State:	
m Name:	
m Address:	
ephone Number:	
X number:	
Mail Address:(Attorney's email for electronic service)	
ditional E-Mail Address: (Secretary, central repository, etc.)	
Please rate your computer skills:nonea littleknow basicsvery knowledgeable	
w do you want to receive notice?(Pick one)Daily summaryNotice after every filing	1g
Note: Attorneys seeking to file documents electronically must first be admitted to practice in the United Strict Court, Western District of Louisiana pursuant to LR83.2.3W.	States
By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and pod procedures governing the use of the electronic filing system. The undersigned also consents to receiving a filings pursuant to Fed.R.Civ.P.5(b) and 77(d) via the Court's electronic filing system. The combination of and password will serve as the signature of the attorney filing the documents. Attorneys must protect urity of their passwords and immediately notify the court if they learn that their password has impromised.	notice f user ct the
Date Attorney/Participant Signature	
ease return to:  U.S. District Court, Western District of Louisiana  Attn: Pam Mitchell, ECF Coordinator	

300 Fannin, Suite 1167 Shreveport, LA 71101 Fax: (318) 676-3962